

STATE: MINNESOTA

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

1. up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
  - a. being phased out of day treatment services and phased into therapeutic support of foster care; or
  - b. being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

2. if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for MA payment during the period the child receives therapeutic support of foster care.

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

outpatient psychotherapy services and to  
coordinate the child's mental health  
services.

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4.c. Family planning services and supplies.

- Family planning services and supplies are health services or family planning supplies concerned with the voluntary planning of the conception and bearing of children and related to a recipient's condition of fertility.
- HIV blood screening testing performed as part of a package of sexually transmitted disease (STD) tests provided in conjunction with a family planning encounter is a family planning service. Counseling performed before and after the HIV blood screening test is also a covered family planning service.
- Family planning services and supplies are covered services if the recipient requested the service, and the service is provided with the recipient's full knowledge and consent, and the provider complies with 42 CFR §441.250 to 441.259 concerning informed consent for voluntary sterilizations.
- The following services are not covered:
  - a. Reversal of voluntary sterilization;
  - b. Hysterectomies for the purpose of sterilization;
  - c. Artificial insemination; ~~and~~
  - d. Fertility drugs when specifically used to enhance fertility; and
  - e. In vitro fertilization.

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5.a. Physicians' services:

- **Psychiatric services:** Coverage is limited to the following services:

<u>Services</u>	<u>Limitations</u>
Diagnostic assessment	1 assessment of up to two hours per calendar year or up to 4 assessments per calendar year, unless the recipient meets certain medical criteria established in rule; if so, MA will pay for 1 assessment of up to 8 hours.
Psychological testing	32 units per calendar year.
Neuropsychological assessment	28 units per calendar year.
Individual psychotherapy, 20 to 30 minutes	Individual psychotherapy and one half hour units of biofeedback training combined, are covered up to 26 hours per calendar year, not more frequently than once every 5 calendar days; unless additional coverage is prior authorized. *
Individual psychotherapy, 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per calendar year, not more frequently than once every 10 calendar days; unless additional coverage is prior authorized.*
Individual psychotherapy discretionary	Up to 6 hours per calendar year.

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5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Family psychotherapy without patient present	Not more frequently than once every 5 calendar days, up to 20 hours per calendar year when combined with family psychotherapy; unless additional coverage is prior authorized.*
Family psychotherapy	Not more frequently than once every 5 calendar days, up to 20 hours per calendar year when combined with family psychotherapy without patient present; unless additional coverage is prior authorized.*
Family psychotherapy discretionary	Up to 6 hours per calendar year.
Multiple family group psychotherapy	Up to 10 times per calendar year, not to exceed 2 hours per occurrence.*
Group psychotherapy	Up to 78 hours per year, not to exceed 3 hours within a 5 calendar day period.*
Chemotherapy management including prescription, use, and review of medication with not more than minimal medical psychotherapy - provided the medication required is antipsychotic or antidepressant provided by a physician, clinical nurse specialist with a specialty in psychiatric nursing or mental health, or registered nurse who is also a mental health professional or practitioner and is employed or under contract with the physician or provider who is providing clinical supervision.	52 clinical units per calendar year, not more than 1 unit per week.

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5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Electroconvulsive therapy single seizure	
Multiple seizures, per day	
Explanation of findings	4 hours per calendar year.
Unlisted psychiatric service or procedure	
Biofeedback training	One-half hour units of service are subject to the same limitations as individual psychotherapy, 20 to 30 minutes. One hour units of service are subject to the same limitations as individual psychotherapy, 40 to 50 minutes.*

- \* In addition to these limits, unless additional coverage is prior authorized, more than 1 type of therapy [group, family, or individual, except for discretionary therapy is not covered if provided more frequently than once every 5 calendar days; nor is more than a 1-hour unit of individual psychotherapy or a 1-hour unit of biofeedback training covered if provided within 10 calendar days of a ½-hour unit of individual psychotherapy (90843), or a ½-hour unit of biofeedback training.

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5.a. Physicians' services (continued):

- **Sterilization procedures:** Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.
- **Laboratory services:** These services must be ordered by a physician. Only laboratory services provided by Medicare certified laboratories are eligible for MA payment. Payment to physicians is done in accordance with 42 CFR §447.10(g).
- **Abortion services:** These services are covered when the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services (until July 1, 2001):** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week.
- **Prior Certification:** Physicians must request and obtain certification prior to admitting medical assistance recipients for inpatient hospital services, except for emergencies, delivery of a newborn, inpatient dental procedures, or inpatient hospital services for which a recipient has been approved under Medicare.
- **Delivery of services:** Physician services must be provided by or under the supervision of a medical doctor or doctor of osteopathy licensed under Minnesota Statutes, §147 and within the scope of practice defined by law.
- **Second medical opinion:** Second medical opinion is a condition of reimbursement for **tonsillectomy and/or adenoidectomy, hysterectomy and cholecystostomy.**

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5.a. Physicians' services (continued):

- **Organ transplants:** These services are covered in accordance with the standards and statutory authority provided in Attachment 3.1-E.
- **Physical therapy, occupational therapy, audiology and speech language pathology:** Coverage of these services is limited to services within the limitations provided under items 11.a. to 11.c., Physical therapy and related services.
- **Physician services to pregnant women:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to pregnant women.
- **Physician services to children under 21 years of age:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to children under 21 years of age.
- **Pediatric vaccines:** Physicians who administer certain pediatric vaccines (i.e., vaccines that are part of the Minnesota Vaccines for Children Program) within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program. The Minnesota Vaccines for Children Program is established pursuant to §1928 of the Act.



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- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act.

Limitations to coverage are the same as those identified in item 10, Dental Services.

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6. Medical care and any other type of remedial care:

- See Items 6.a. through 6.d.